

**The Theory Behind Camp Kesem:**  
An In-Depth Look at How Summer Camp Programming Has Lasting Impacts on Children  
Affected by a Parent's Cancer

Juliana R. Iverson

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Dr. Edward Anderson, Ph.D.  
Department of Human Development and Family Sciences  
Supervising Professor

Dr. Thomas Yankeelov, Ph.D.  
Department of Biomedical Engineering  
Second Reader

# **Abstract**

Author: Juliana R. Iverson

Title: The Theory Behind Camp Kesem: An In-Depth Look at How Summer Camp Programming Has Lasting Impacts on Children Affected by a Parent's Cancer

Supervising Professor: Dr. Edward Anderson

Camp Kesem is a national nonprofit dedicated to helping children through and beyond a parent's cancer. Children who have a parent with cancer face a multitude of difficulties and risks for adverse mental health effects. Four mediators were identified through previous research that are likely to help reduce the risks children with a parent with cancer face. Increases in self-esteem, coping skills, social support, and sense of community have all been linked to an increased likelihood of improving the mental health of individuals in stressful circumstances. There are established and researched intervention programs that are likely to increase these four mediators. The similarities of these researched intervention programs and Camp Kesem camp programming are explored to describe why Camp Kesem theoretically should increase these mediators in the children it serves. A survey for the counselors of Camp Kesem UT Austin was created to quantitatively and qualitatively assess if Camp Kesem does increase the four mediators of interest. Due to study limitations caused by COVID-19, the only mediator that could be unequivocally shown as probable as increasing was sense of community. Future research should be conducted in regard to the other three mediators and in the populations of the parents and campers that Camp Kesem serves.

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## **I. Introduction**

Currently in the United States, there are over 5 million children facing the reality that their parent had or has cancer (campkesem.org, 2019). If one has not experienced a loved one facing cancer, one can only imagine the hardships that come along with it. Many children with a parent who has or has had cancer are forced into major roles of responsibility at home, feel isolated from their peers and often experience higher rates of anxiety and depression (Shah & Swieter, 2017). Camp Kesem is one of the only national nonprofits that aim to serve this population through and beyond their parent's cancer. Camp Kesem works with over 125 universities across the nation and their student leaders to plan and host week-long, free summer camps for kids aged 6-18 who have experienced a parent having cancer. Through thoughtful programming and passionate student volunteers, Camp Kesem provides a safe space for these children to share their experiences and bond with others who understand their struggles. In this thesis I will explore how Camp Kesem theoretically should increase the four mediators of self-esteem, coping skills, social support and sense of community in the children it serves. This thesis will explore the negative effects of having a parent with cancer, define and evaluate the four mediators as they have been discussed in known research, explore the structure of Camp Kesem with regards to the mediators, and finally use a survey to counselors to establish the quantitative and qualitative connection of the four mediators to Camp Kesem. As seen in Figure 1, the link between the negative effects of cancer will be shown to be likely through previous research. The link between the benefits of increasing the four mediators and decreasing the effects of having a parent with cancer for the participants will be explored. The purpose of the survey will be to examine the link of the effect Camp Kesem has on the four mediators in its participants to try to

show that Camp Kesem is likely to decrease the negative effects experienced by a child who has a parent with cancer.

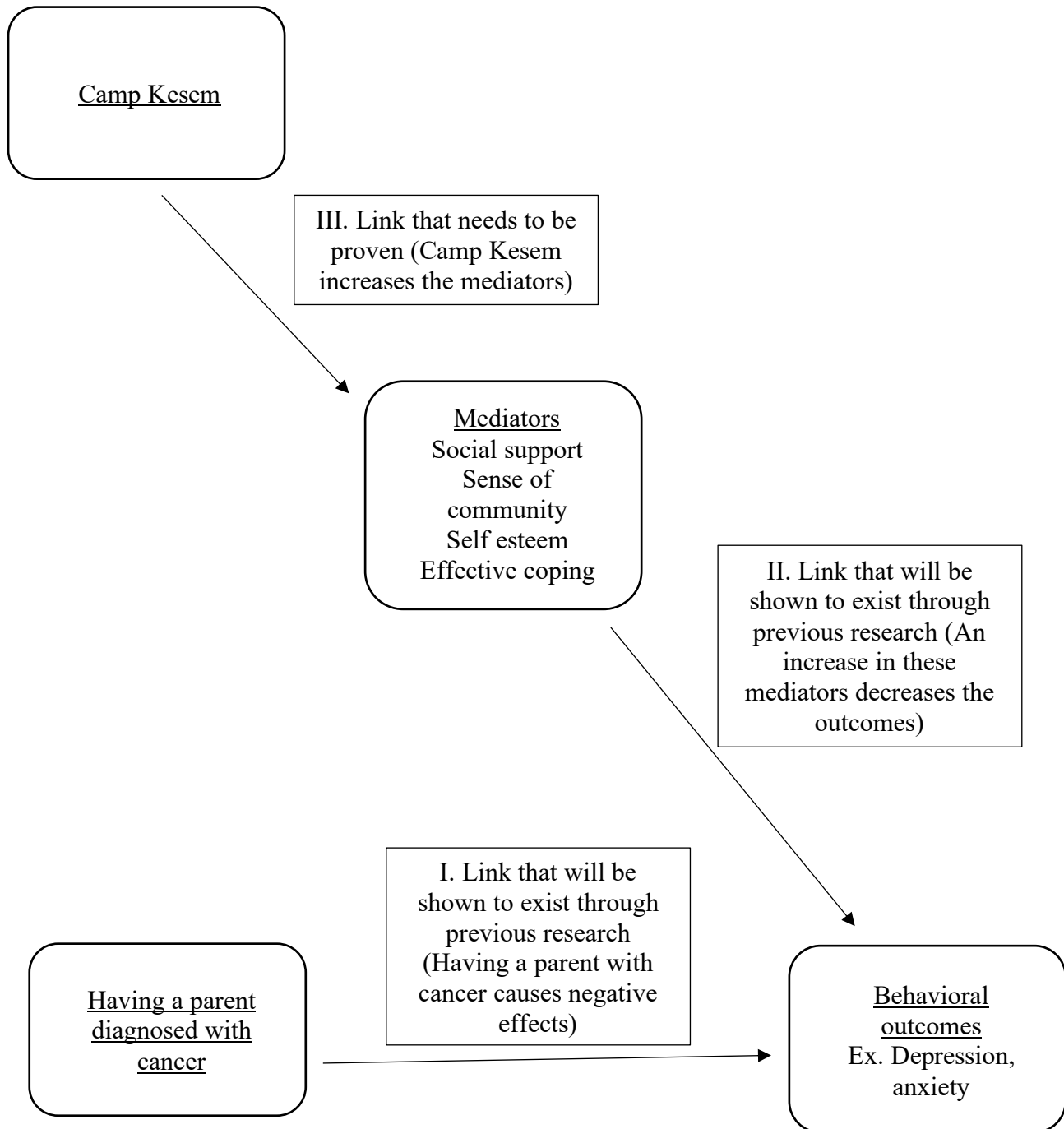


Figure 1

## **II. Consequences of Having a Parent with a Cancer Diagnosis**

Every child who endures a parent with cancer has a different experience and a different set of circumstances. The effects of dealing with a parent with cancer vary widely from child to child, even within the same family. Emotional and psychological differences between children aside, factors such as the type of cancer, the gender of the parent, the gender of the child, age, and time since diagnosis all greatly affect how a child responds to a parent's cancer diagnosis (Welch, Wadsworth & Compas, 1996). Another factor that can affect how a child responds to his/her parent's cancer diagnosis is how the parents communicate the diagnosis to them. From experience as a Camp Kesem counselor, parents use a variety of different methods to communicate the diagnosis to their children. Some parents will take their young children with them to all scans or appointments so they can hear everything straight from the doctor. Some parents will drop children off for their first day of camp, without telling them Camp Kesem is a camp for kids whose parents have cancer. This variety in communication can affect the children and how they react to a cancer diagnosis. Almost all children benefit from open communication with honesty and accuracy (Shah & Swieter, 2017). With so much variation in how information is presented to a child and with the physical variables involved in the family unit, it is difficult to have a defined list of what could happen emotionally to children with a parent with cancer, but there is previous research on the potential risks and behavior outcomes.

Most studies conducted on the behavioral and emotional changes that occur in children affected by a parent's cancer conclude that some of the possible negative effects of having a parent with cancer are anxiety, depression, and lower self-esteem (Shah & Swieter, 2017; Chen et al, 2018). These three outcomes are a risk to every age group facing a parent with cancer, but specifically a higher risk in adolescent girls (Welch, Wadsworth & Compas, 1996). It is thought that these outcomes are brought on by the changes in routine caused by the illness, the

uncertainty and fear surrounding what will happen to a loved one, and the isolation the children can feel from their peers (Shah & Swieter, 2017). Another factor that may bring on the outcomes of anxiety, depression, and lower self-esteem is a child can be “parentified”.

Parentification is defined as a child who is under the age of 18 and is expected to take on caregiving and parent responsibilities within the family (Earley & Cushway, 2002). As stated above, there is a wide variety of situations surrounding having a parent with cancer. A child’s risk for being parentified depends on the diagnosis and condition of the parent with cancer, the age of the child and his/her siblings, as well as the ability of the second parent to cope and handle their spouse having cancer. Not every child that has a parent with cancer will be parentified, but there is a risk of it happening to any child with a parent with a severe illness. In case studies done for children of parents with AIDS, it was found that parentification can cause children to lose out on important aspects of their own childhood. Parentified children are at risk of ignoring necessary developmental steps such as exploring their identity and social connection with others. Missing these developmental steps can influence and negatively affect children’s relationships into adulthood (Stein Riedel & Rotheram-Borus, 1999). As can be clearly seen, there is a plethora of research available that documents the negative effects that having a parent with cancer can have. Many variables impact the extent of risks and negative effects, but every child who has a parent with an illness as serious as cancer is at risk for depression, anxiety, lower self-esteem, as well as poorer childhood development due to being parentified.

### **III. Proximal Mediators Identified in Previous Work in Interventions with Individuals and Stressful Events**

The four proximal mediators chosen to evaluate if Camp Kesem and its programming can reduce the risks associated with having a parent with cancer are self-esteem, coping skills, sense



of community, and social support. These mediators were chosen for their relevance in Camp Kesem programming as well as prominence in mental health and behavioral research.

### Self-Esteem

The first mediator I will discuss is self-esteem. Self-esteem, for this thesis, is defined as a child's sense of confidence in his or herself and his or her abilities. A lack of self-esteem is linked to many behavioral and psychological problems such as alcohol and drug abuse, depression, anxiety, and isolation (Haney & Durlak, 1998). In a study conducted on children of parents with HIV, a link between loneliness and self-esteem was found. Children of parents with HIV were found to feel lonelier than their peers because the stigma surrounding having a parent with HIV causes the children to be more isolated than their peers (Du, Li, Chi, Zhao & Zhao, 2019). Children who are lonely are also at higher risk of having a lower self-esteem (Du, Li, Chi, Zhao & Zhao, 2019). Many children that have a parent with cancer report during camp that they feel isolated from their peers and do not tell their friends about their parent's cancer due to fear of the stigma of having a sick parent and being pitied. Therefore, it is thought that children affected by a parent's cancer are at a greater risk than the general public for having a lower self-esteem.

There are many different intervention programs that aim to increase adolescent self-esteem. One prominent program type for increasing self-esteem is teaching adolescents life skills. Life-skills-based programs hold multiple sessions with adolescents to teach them about skills such as coping, anger management, empathy, relationships, and self-awareness. In a life skills program for Malaysian orphans, an assessment done before and after the program showed a significant improvement in self-esteem. The program consisted of sessions of 2 activities lasting up to 2 and a half hours. Sessions were focused on improving the attendee's abilities to

cope with stress and specifically targeted self-awareness, critical thinking, communication, and empathy (Mohammadzadeh, Awang, Ismail & Kadir Shahar, 2019). Another program for disadvantaged youth in Paris focused on coping with stress, empathy, relationships, and self-awareness also saw significant increases in adolescent participant self-esteem (Moulier et al., 2019). Both of these programs were based on life skills improvement and both showed the success of this approach. The *Family Bereavement Program* conducted by Dr. Irwin Sandler also employs life skills among other methods to increase many outcomes in participants, one of which being self-esteem.

The *Family Bereavement Program* consists of 11 sessions. Within these 11 sessions, participants are put into activities that aim to help the parent child relationship, communication, positive reinforcement, and coping with stress. Among the activities there are goal setting, group sharing, identifying problems in the relationship, spending more quality time together, positive reinforcement, effective listening skills, managing the parent's stress and grief, normalization, and learning coping skills (Sandler, Wolchik, Ayers, Tein & Luecken, 2003). In an evaluation of this program it was shown that participants experienced a significant increase in self-esteem among other outcomes (Sandler et al., 2003). This program uses life skill improvement along with increase emotional vulnerability and communication training to have a significant increase many outcomes for participants, including self-esteem.

Other self-esteem improvement programs beyond those based on life skills have been proven to be effective as well. A study based in South Korea based on improving one's understanding of oneself had an increase in the self-esteem of fourth grade students and decrease in their problematic behavior (Park & Park, 2015). Another intervention method that can

improve self-esteem is physical activity. An analysis of over 2,500 cases showed that physical activity by itself was shown to significantly improve self-esteem (Liue, Wu & Ming, 2015).

### Coping Skills

The second mediator that will be discussed is coping skills. Coping skills, for this thesis, is defined as the approaches and methods that people deal with stress and stressful events. It has been shown that adolescents with a parent with cancer who exhibit avoidance coping instead of healthy problem-focused coping experienced lower mental health (Krattenmacher et al., 2013).

There are many approaches to helping people develop coping skills. One program is called CLIMB and originates from The Children's Treehouse Foundation, which is dedicated to supporting children who have parents with cancer, much like Camp Kesem. The aims of CLIMB are to educate the children about cancer in an age appropriate way, normalize their emotions about cancer, help the children communicate the intricate emotions they feel and connect the parents with the children. CLIMB achieves these goals by having the children come to sessions where they do team building activities, learn about cancer, and express their feelings (Semple & McCaughan, 2013). At the end of participating in the CLIMB programming parents and the professionals of the program reported that the children appeared to have increased coping skills. The children also showed their ability to use the coping strategies when interviewed by professionals. Through team building, education, and sharing complex emotions about cancer, the CLIMB intervention program appeared to improve the coping skills of its participants who were aged 6-11 with a parent with cancer.

Another program aimed to increase coping skills in its participants in order to increase stress management and quality of life was a program designed for Latina adolescents. This program, called *Project Wings Girl's Group*, included sharing circles, education on coping strategies, and relaxation (Garcia, Pintor, Vazquez & Alvarez-Zumarraga, 2013). Another

intervention program, named *Zippy's Friends*, aimed at very young children, is used to increase coping skills among adolescents. The program was implemented on a group of children in Denmark and showed that teachers reported a significant increase in coping skills among the children. The program educates the children about emotions and underlines the importance of being able to talk about your problems with others, listen to others talk about their problems and to ask for help (Mishara & Ystgaard, 2006).

The last program I will discuss in regard to coping skills is the *Family Bereavement Program* that was discussed in the self-esteem section. Increasing coping skills was a goal of the *Family Bereavement Program*. Among the 11 sessions in the program, the one specifically designed to focus on and increase coping skills included reviewing the coping skills learned throughout the program, problem solving, facing negative thoughts, knowing what is under the participants control, communicating their feelings and asking for help. Another aspect of the coping programming was having the parents be good models of good coping skills for their children (Sandler et al., 2003). This program reported increases in the coping skills in its adolescent participants (Sandler et al., 2003).

### Social Support

The third mediator is social support. Social support can be defined as the support resources that a person perceives as available and that are actually available through non-professionals in formal and informal settings (Dam, de Vugt, Klinkenberg, Verhey & van Boxtel, 2016). The link between increased social support and increase mental health is well documented (Chronister, Johnson & Berven, 2006). Social support has also been linked to much lower risks of depression (Hefner & Eisenberg, 2009). With its potential benefits, social support is seen as an important mediator to help adolescents and adults process and overcome stressful events, such as a parent having cancer.

Support groups are a common method for increasing social support among participants. A support group for children who lost a parent due to suicide showed that the participants reported lower incidents of depression and anxiety than a control group (Mitchell, Wesner, Garand, Gale, Havill & Brownson, 2007). The support group claims that the effective part of their programming is simply allowing participants the opportunity to share about their experience with a group of other children who understand the stigma and difficulties of having lost a parent to suicide. A bereavement support group for bereaved South African children aged 12-17 also showed an increase in perceived social support in its participants. This support group was more than just sharing circles and had multiple defined activity sessions. These sessions consisted of using team building and problem solving to build relationships among the participants, naming and educating about feelings and coping strategies, sharing the participants story of loss, educating the participants about grief, teaching relaxation techniques, contextualizing death within the culture of the participants, goal setting, and creating a support network among the participants. The results of this support group showed that these sessions significantly improved perceived social support among its participants along with decreases in depression, grief, and behavior problems (Thurman, Luckett, Nice, Spyrelis & Taylor, 2017).

#### *Sense of Community*

The last mediator is a sense of community. Sense of community can be defined as caring about a community, feeling a connection to the members of a community, as well as trust among members of the community (Goodman et al., 1998). An increased feeling of sense of community has been linked to a decrease in depression, PTSD symptoms, and higher resilience to stressful life events (Edwards, Haynes, Palmer & Murphy, 2018). A strong sense of community is an important aspect in helping children live with a parent having cancer.

While support groups are most notably researched as methods to improve social support, there is a growing body of evidence that support groups also increase participants sense of community. In a support group for families of long-term ICU patients, it was found that providing a place for participants to share and vent their feelings could be attributed to creating a sense of community (Kirshbaun-Moriah, Harrel & Benbenishty, 2018). A support group for women with disabilities also showed that being a part of this group validated the women's feelings, increased their feelings of identity and allowed them to feel a greater sense of community (Mejias, Gill & Shpigelman, 2014). Beyond support groups there are other interventions that increase participants sense of community.

One such intervention was for adolescents with spina bifida or cerebral palsy. This intervention was done online with the use of program mentors and psychologists to help mediate more difficult issues. The intervention was 25 sessions of 60-90-minute chat room discussions where participants could seek advice from their mentors about daily challenges. This intervention reported a significant increase in feelings of sense of community (Stewart, Barnfather, Magill-Evans, Ray & Letourneau, 2011). A qualitative analysis of a camp for children who have cancer and their families showed that part of the benefit of the camp was creating a sense of community for the participants who may not know anyone else outside of camp who is in their situation (Laing & Moules, 2014).

#### **IV. Camp Kesem**

##### *Structure of the Organization*

Camp Kesem is one of the only national nonprofits dedicated to helping children through and beyond a parent's cancer. Camp Kesem offers a free week-long summer camp to the families it serves. Children's parents can be currently receiving treatment, in remission, or passed away in

order to qualify to be a camper. There are chapters throughout the nation, and most are affiliated with universities. The Camp Kesem nonprofit organization is structured as a national nonprofit with paid employees that oversee and aid the student volunteers. There are regions of 7-9 chapters overseen by Program Directors paid by the national organization. There are many different standards each chapter must reach to be in compliance with the national organization. Each chapter is led by 2 or 3 Co-Directors who report directly to the Program Director. The Co-Directors choose and manage a group of 15-20 Coordinators in charge of different aspects of the organization such as outreach to the camper families, managing all the volunteers/counselors for the chapter, managing the fundraising of the chapter, etc. Camp is completely free of charge for the families that Camp Kesem serves. Camp is able to be free of charge because the chapter spends the entire year fundraising to cover almost all the operational costs for camp. The national organization also fundraises year-round to pay their staff and provide resources for chapters. The counselors, coordinators, and directors all go to camp if their schedules permit. The chapter is almost completely student led and can have variations from university to university.

#### Roles at Camp

At camp there is a hierarchy of authority. At the top is Camp Kesem national's staff, usually the region's Program Director. Below them are volunteers called Camp Advisors. Camp Advisors are people who have graduated from college and volunteered with Camp Kesem as a counselor as an undergraduate. The Camp Advisors handle all situations involving CPS or other circumstances where discretion and outside services are used. Other non-chapter affiliated adults at camp are nurses and mental health professionals. The nurses handle all medical situations at camp and decided whether a person can receive care at camp or needs to go to a hospital. The mental health professionals are meant to help in situations where a counselor cannot gain control of behavior and to be a resource for counselors to go to. There is also a team of 4-6 students

called the admin team who are in charge of planning, setting up, and running all activities. Each unit of each gender has a unit lead. The unit leads are typically counselors who have been to camp before and performed well as a counselor. The unit lead has few additional responsibilities beyond that of a regular counselor and is ultimately in charge of the counselors in the unit during daily activities. Counselors and unit leads are the volunteers who are with the campers for every part of every day aside from a one-hour break taken daily. The counselors are split into the units along with the kids and sleep in the same cabin as them, eat with them at mealtimes and accompany them to every activity. The counselors experience the most time with the campers. Counselors are given trainings produced by the Camp Kesem national in person from a director or coordinator of the chapter throughout the semester and days leading up to camp as well as online trainings through Expert Online Trainings. Counselors are responsible for dealing with all situations within their unit that do not fall outside their scope of training. If a behavioral problem is too much to handle, a counselor will ask a mental health professional for assistance. If a medical issue goes beyond simple first aid, a counselor will ask a nurse for assistance.

## Camp

In order to understand the theory behind how camp is beneficial to children, one must understand the general activities and lay out of camp. Even though there is great variety between chapters across the nation, there are many similarities and standards for the programming at camp. Camps vary from 6 to 7 days with 5 or 6 nights respectively. The kids are split up by age. The age groups vary in size and age range. The bigger the camp the smaller the age range can be, but unit size is subject to change given the size of the cabins available at campsites. At Camp Kesem at the University of Austin, the units are broken up by gender and age. The units range anywhere from sizes of 7-10 campers. The ratio of campers to counselors that must be met by all chapters is below 2:1 and no more than 3:1. An average unit would be 3 counselors to 7 campers.



Units stay in their own cabins or share cabins with another unit. Units do almost every activity and mealtime together. At camp there is programming tailored to whole units, to individual camper's interests and then to the whole camp together. Rotations are activities that units do all together. Free selects are activities that campers can choose to go to without their unit. Whole camp activities are activities designed to engage the entire camp all at once. A typical day of camp is filled with rotations, free selects, and whole camp activities.

A typical set of rotations for a camp would be activities such as swimming in a lake or pool, going on a zipline if the campsite has one, doing a high ropes course if the campsite has one, various sports activities like dodgeball or kick ball, and arts and crafts. A typical set of free selects would be free time in their cabins to rest or make friendship bracelets or do whatever they want within the rules, archery, more arts and crafts related activities, a special guest such as a petting zoo, or gaga ball. Across all camps there are sets of all camp activities that must be had, with few exceptions. Those all camp activities are the counselor fashion show, dance parties, a carnival, messy olympics and a talent show.

The counselor fashion show is an activity where campers pick a counselor to be a fashion show participant and then get to dress them up in various costume items along with giving the participant a backstory and persona. The counselor must go on stage as the persona his/her campers have created and try to win the fashion show. Dance parties are exactly what they seem to be; they are a time for kids to be able to dance freely and openly. The staff plays age appropriate music and the kids get to dance for an hour or two as much as they want. The carnival is when there are many small activities open that campers can participate in individually. These small activities range from inflatables such as a bounce house, to a photo booth, and to small games such as popping balloons by throwing bean bags. Messy olympics or

sometimes referred to as messy games, is a set of activities with the sole purpose of getting campers and counselors as messy as possible. Paint, colored powder, and shaving cream are all staples for this activity. The talent show is often a counselor favorite of the entire week. Campers are allowed to perform almost anything they wish to as a talent. Talents range from singing to anything a camper can imagine. A crowd favorite at Camp Kesem at the University of Austin was a young camper cutting construction paper on stage as a talent. All talents are supported and met with thunderous applause and praise.

There are two more activities and one more component in the programming of all Camp Kesem's that are vital in understanding camp in relation to the four mediators, cabin chats and Empowerment. Cabin chats are held at the end of every night at camp. Cabin chats are an activity where units sit in a circle and ask a question around the circle. The questions start off rather innocent like ice breakers and get more vulnerable as camp continues. For the first night of camp a normal cabin chat question would be, "what are you most excited for at camp?" The question for the first night needs to be a nonintimidating question that allows the campers and counselors in the unit to become comfortable with the cabin chat format and each other. The next evening the question may be something similar to, "what were your highs and lows of the day?" The question usually asked the night before Empowerment is, "who is your hero?" Answers typically range from their parents who are battling cancer or the parent supporting the parent with cancer, to some of the counselors or campers they have only just met. On the day of Empowerment, the question is a prompt that allows campers to share anything they may not have shared at Empowerment, but they still wish to share in cabin chat. On the last night or two, the question has more flexibility but will touch on subjects such as what have the campers learned from camp, how do they feel about Kesem now, how their friends would describe them, etc.

Empowerment is the multi hour program at camp where campers are encouraged to share why they are all at Camp Kesem. Specific programming for Empowerment varies from chapter to chapter, however, the major pillars of empowerment are standard across the country.

Empowerment must contain a mood setting, sharing, and a warm fuzzy element. The mood setting pillar is meant to help campers get into the mindset to be vulnerable in front of their fellow campers and counselors and be respectful to their fellow campers and counselors. This usually looks like a softly sung camp song along with a quiet artistic activity honoring their parent who had/has cancer. The sharing pillar is the part of the Empowerment program when campers are asked to share why they are at Camp Kesem. This portion is meant to allow campers to know they are allowed to share as much as they want to about their experience with a parent with cancer, but they also are not required to share. The last pillar, warm fuzzy, is meant to be a portion of the program that attempts to transform any nonproductive negative feelings, such as anger, into feelings of empowerment. This portion takes on many forms at different chapters and across different age groups. An example of a warm fuzzy activity would be an affirmation game called the Tap Game where campers are given prompts such as “tap someone who made you laugh this week” or “tap someone who was there when you needed it” and then tap the people in their unit that the prompt refers to. It is important to note that every activity at a Camp Kesem camp is run with the underlying idea of challenge by choice. No child is required to actively participate in any activity

A facet of camp that has yet to be touched on is warm fuzzies. Warm fuzzies can vary from camp to camp but the essence of warm fuzzies is continuous across all Camp Kesem’s. Warm fuzzies are writing small compliments or reasons you appreciate someone else on paper and giving it to them. At Camp Kesem at The University of Texas at Austin warm fuzzies look

like having warm fuzzy bags made of regular brown lunch bags where campers and counselors can put warm fuzzy notes into the bags for campers and counselors to take home and read at the end of camp.

#### Self-Esteem Programming

Life skills based programs, increases in physical activity, and programs where participants emphasize communication and sharing with a group of peers that understand them have all been linked improved self-esteem. Camp Kesem contains aspects of each of these programs that are likely to increase self-esteem. The empowerment ceremony can be directly related to the group sharing aspect of Dr. Sandler's *Family Bereavement Program*. Life skills programs can also be applied to the programming within Camp Kesem. Life skills programs teach participants skills such as anger management and critical thinking. Camp Kesem has no tolerance for violence and employs multiple mental health professionals during camp that help find constructive ways to help children process tough emotions such as anger. Camp Kesem also has activities that require critical thinking from participants such as escape room activities and various team building activities. Lastly, Camp Kesem is accommodating of all types of physical abilities but if desired, the camp environment can be well suited towards a lot of physical activity during the day such as swimming at the lake, walking from activity to activity, and playing games such as basketball, gaga ball, or dodgeball. Camp Kesem contains aspects of programs that are linked to increases in participant self-esteem.

#### Coping Skills Programming

Coping skills programs are diverse in execution but have common goals and elements. The common goals of coping skills programs are to educate participants on the complexity of emotions, educating participants about the stressful events causing the need for coping such as cancer or living in a marginalized population, allowing participants to share about their

experience and listen to others experiences, showing role models who exhibit good coping strategies, relaxation techniques, and teaching participants how to ask for help. Camp Kesem contains aspects of these programs that were proven to be effective in increasing the effective coping skills of participants. The most direct way Camp Kesem relates to these programs is through Empowerment. Empowerment is directly comparable to the sharing circles of the *Family Bereavement Program*, *Project Wing Girl's Group*, *Zippy's Friends*, and CLIMB. Empowerment is the time when campers would be able to learn about other's experiences, how to listen respectfully, and how to share their experiences in a safe space. Counselors are also encouraged to share during Empowerment if they have a story about their parent having cancer. Counselors are given training on how to best share in front of the campers, so the programming remains focused on the campers. The counselors are then able to be role models of healthy coping for the campers as is done in other coping skills interventions. Camp Kesem also promotes relaxation through multiple free select and activity options as well as through our mental health professionals. It is becoming a staple in camps across the country to have a sensory room for campers who start to feel overwhelmed and need a quiet and stimulating area to go to in order to process their emotions with a mental health professional. Other activities such as "Spa Time", "Friendship Bracelet Making", "Bob Ross Painting", or "Guided Meditations" are all part of the regular Camp Kesem UT Austin programming. While these activities are not directly teaching the campers relaxation techniques, the campers learn methods of relaxation and the importance of relaxation even during a week of what is supposed to be pure fun. The last aspect of coping skills programming that is applicable to Camp Kesem is teaching participants to ask for help. Camp Kesem counselors and professional staff work to help campers understand that camp is a safe place where campers can ask for help with anything they need. Counselors are encouraged

in trainings to ask campers for help with simple tasks to model good behavior. Camp Kesem contains a large portion of elements used in common coping skills programs.

A large component of interventions that is used in research about coping skills interventions is education about the issue, coping skills, emotions and stress management. In the future Camp Kesem could have some activity sessions based on either surrounding the kids with age appropriate cancer knowledge and with specific methods of coping strategies for stressful events. Education about the stressful event/cause and education about direct coping strategies seems to be more effective than the sharing circles and emotional support of other programs. In a study of hospice caregivers, there was a control group, emotional support group, and a group that had in depth education and training on coping skills for hospice caregivers. While the emotional support group did show an increase in coping ability, a decrease in burden, and an increase in quality of life, the education group had a much more dramatic change in all of the areas (McMillan et al., 2006). Studies like this show that Camp Kesem has programming that should help the children that it serves increase their coping skills, but there is programming that could be more effective.

#### Social Support Programming

Support groups are the most common programming used to increase feelings of social support. Camp Kesem contains many aspects of a support group that foster social support. Just as in coping skills and self-esteem, sharing circles are used to develop this mediator and are directly related to Empowerment. Cabin chats at the end of every night are also used to help the campers feel more comfortable and bonded to the other campers in their unit, much like a smaller, more informal sharing circle. Support groups that are structured beyond just sharing circles also contain elements that are similar to Camp Kesem programming. In order to build relationships of trust, support groups use team building activities and problem-solving activities to help

participants create bonds with each other. Camp Kesem has activities for units that are centered on team building and problem solving such as an escape room activity or a chopped competition where teams are given random food items and must try to prepare a creative and delicious dish. Cabin chats and Empowerment are the most applicable aspects of Camp Kesem that relate to establish social support interventions but there are also a variety of Camp Kesem activities that are also similar to these interventions.

#### Sense of Community Programming

Support groups are thought to increase social support as well as sense of community among their members. In the ICU support group where participants were merely offered a place to vent their feelings to others who understood their struggles, there was a significant increase in the participants feelings of sense of community. Yet again, Empowerment and cabin chats would be directly comparable to this type of program. Another aspect of every sense of community intervention was the immediate increase in sense of community simply from being around people who understood the same stressful experience as each other. A qualitative analysis of a camp for families with children with cancer revealed that this camp was sometimes the only contact those families had with others in their same situation and just being around people in the same circumstances appeared to increase their sense of community. Camp Kesem is also often the only time the campers know other kids in their same situation. I personally have heard campers tell stories of lying to their school friends, so they don't find out about their parent's diagnosis. Camp Kesem allows its campers to be around those who understand their difficulties and just the act of meeting others in similar situations is likely to increase participants sense of community from before camp.

## **V. Measures and Methods**

### **Purpose**

The purpose of this study is to understand how and if Camp Kesem provides increased social support, sense of community, self-esteem and effective coping skills for the children it serves. There are three research questions designed to examine this area. I will now explain the original research questions and explain how they had to be altered due to COVID-19. The first research question was to simply assess Camp Kesem with respect to the mediators of social support, sense of community, self-esteem, and effective coping. The second research question was to examine the differences among counselors, parents, and campers with regard to the mediators. The third and final research question was to explore qualitative data to identify new directions for improving the Camp Kesem experience. All three of these questions were aimed to be answered through surveys with carefully selected items and questions.

As will be explained in the participants section, the surveys to the parents and campers were unable to be sent due to COVID-19. As this is the case, the second research question is no longer able to be investigated at all, but the first and third research questions could remain with some alterations. The first research question is now if counselors are able to assess if Camp Kesem provides increased social support, sense of community, self-esteem and effective coping skills for the children it serves. The last question is now to explore the counselor's qualitative data to identify the perceived important aspects of Camp Kesem.

### **Participants**

The participants of the surveys were originally meant to be the counselors, parents of the campers, and campers themselves. These three groups were chosen for the unique viewpoint they each provide. Counselors are the ones at camp that observe campers the closest and for the longest, likely being able to assess how the child has changed over the course of one week.



Parents of campers are people who are able to see the change in campers from before and after camp. Parents will be able to perceive any major differences in their child or any major takeaways their child got from camp. The campers themselves should be able to answer the surveys with the most accuracy for the items that are about the camper's feelings. All participants must have participated in Camp Kesem UT Austin's 2 most recent sessions of camp in the summer of 2019 in order to be eligible to answer the survey. Campers who are over 18 currently but attended camp in the summer of 2019 would still be eligible to take the camper survey. These were the original parameters of the chosen participants in this study.

The original plan for participants in the study had to change due to the spread of Coronavirus or COVID-19. Due to the spread of COVID-19, all Camp Kesem in person camp sessions have been cancelled for the summer of 2020. Many parents and campers expressed distress, disappointment, and frustration at the cancellation of an in-person camp. The surveys had yet to be sent out when the announcement was made to cancel an in-person camp. Due to the emotional distress the cancellation of an in-person camp caused, the decision was made to not send out a survey to the parents or campers. It was deemed unethical by myself and my supervisor, Dr. Edward Anderson, to send out a survey discussing the positive impact Camp Kesem has on its participants to a group of people grieving the lack of camp this summer. The survey to the counselors was sent out before the announcement of the cancellation of in-person camp.

Counselors were sent the survey over email and through Groupme. The parents would have been sent the survey via email in the monthly newsletter Camp Kesem UT Austin sends as well as in a separate email. The camper survey would have been included with the parent survey as well.

The survey was distributed to the population of counselors who served at Camp Kesem UT Austin in the summer of 2019 who were also in the email list (N=106). A total sample of n=42 counselors responded to the counselor survey, a participation rate of 40%. Results are presented from the counselor sample only.

#### Multi Participant Measurement Strategy

Choosing 3 groups of participants was done because a low number of campers were expected to participate in the camper survey. Due to COVID-19 the only group able to participate was the counselors. One may question the ability of counselors or parents to answer questions relating to the inner feelings and development of campers. Youth leaders have been proven to answer the Youth Experience Survey 2.0 with “moderate agreement” (Hansen & Larson, 2005). Based on this research and data it is believed that counselors are able to give important insight into the feelings of campers towards Camp Kesem and its impact on campers.

#### Measures

All of the actual items and measures in the surveys have been selected from previous research in the areas of social support, sense of community, self-esteem, and coping skills. Many items needed to be reformatted from their original context in order to make sense. For example, an item from a coping scale originally stated, “you tried to ignore the problem” (Carver, Weintraub & Scheier, 1989). The adjusted item for the camper survey said, “you tried to ignore your parent’s cancer diagnosis.” The adjusted item for the counselor survey said, “campers ignored their feelings about their parent’s cancer diagnosis.” The adjusted item for the parent survey said, “your child(ren) ignored their feelings about the cancer diagnosis.” The surveys consist of 24 adjusted items for each unique participant group, and several qualitative questions regarding their opinions on camp programming, how camp has helped them and what they believe to have gained from being a part of Camp Kesem.

*Self-esteem.* The measures of self-esteem were adapted from work by Rosenberg (1965). Self-esteem consists of 5 items measured on a scale of 1 “Strongly Disagree” to 7 “Strongly Agree”. Rosenberg reported evidence for reliability and this self-esteem scale is one of the most widely used in self-esteem research (Tinakon & Nahathai 2012).

*Coping skill.* The measures of coping skills were adapted from work by Sandler and Ayers (1991). Self-esteem consists of 5 items measured on a scale of 1 “Strongly Disagree” to 7 “Strongly Agree”. Sandler et al. reported evidence for reliability and the scale has been shown to be neutral to age and/or gender (Camisasca, 2012).

*Social Support.* The measures of social support were adapted from work by the *Sharing Problems with Mom Scale (P-SHRNG)*. Social support consists of 5 items measured on a scale of 1 “Strongly Disagree” to 7 “Strongly Agree”. Lakey and Orehek (2011) reported that the theory behind the measures is sound.

*Sense of community.* The measures of sense of community was adapted from work by Jason, Stevens & Ram (2015). Sense of community consists of 10 items measured on a scale of 1 “Strongly Disagree” to 7 “Strongly Agree”. Jason et al. reported evidence for reliability and demonstrated that the measure could be generalizable and adapted for multiple areas of research.

## **VI. Results**

### **Scale construction**

Scale construction followed the recommendation of Patterson and Bank (1986) and John and Benet-Martinez (2005). Internal consistency reliability (Cronbach’s alpha), an assessment of how closely items in the scale are, was calculated for the original items comprising each scale. Item-test correlations and alpha if item deleted was calculated for each item. Items that fell below the recommended level of 0.30 for item-test correlations were considered for deleting if

they were also associated with an increase in alpha. Item analysis continued until the acceptable levels of reliability were met according to the guidelines listed above.

All items of the counselor survey can be found in Appendix A. All statistical results are available in Appendices B-E.

#### Self-Esteem

The items assessing self-esteem are items 1-5 in Appendix A. Means and standard deviations for all 5 items are presented in Appendix B. Item 5 had the highest standard deviation at 1.11 and item 1 had the lowest standard deviation at 0.93. Items 1 and 2 have means above 6 and items 3 through 5 have means between 5 and 6. The Cronbach's Alpha for these five items was 0.73. Removing item 1 increased alpha to 0.76. When items 1 and 2 were both removed, alpha increased to 0.83. Deleting more items would not improve reliability.

#### Coping Skills

Coping skills was assessed with four items (see Appendix A), two tapping disclosure of information to others (items 6 and 9) and two tapping avoidant coping (items 7 and 8, reverse-scored). Means and standard deviations for all 5 items are presented in Appendix C. The mean of item 6 is 5.76 and the mean of item 9 is 4.43. The means of the avoidance items 7 and 8 are both between 3.5 and 4. The last item in the coping skills category, item 9, had the highest standard deviation at 1.74. The first item in the category, item 6, had the lowest standard deviation at 1.25. The Cronbach's Alpha of all four items is 0.64. Inspection of the item-test correlations suggested reliability could be improved by separating the disclosure and avoidance items into separate scales. The Cronbach's Alpha for disclosure was 0.71, and the Cronbach's Alpha for avoidance was 0.85.

#### Sense of Community

Sense of community was assessed using 10 items (items 10-19 in Appendix A). Means and standard deviations for all 10 items are presented in Appendix D. The mean for every item was above 6 on a 7-point scale. Item 14 had the lowest standard deviation at 0.40 and item 11 had the highest standard deviation at 1.02. The Cronbach's Alpha of all the items is 0.89. Inspection of the item-test correlations suggested that reliability could be improved by dropping item 10. When item 10 was excluded from the set of items, the Cronbach Alpha's was 0.90. Deleting further items would not improve the Cronbach's Alpha.

#### Social Support

Social support was assessed with 5 items (numbers 20-24 in Appendix A). Means and standard deviations for all 5 items are presented in Appendix E. The means of items 20, 21, 23 and 24 are all above 6 and the mean of item 22 is 5.54. Item 22 had the highest standard deviation at 1.12 and item 23 had the lowest standard deviation at 0.74. The Cronbach's Alpha for all five items was 0.67. Inspection of the item-test correlations indicated that reliability could be improved by deleting items 23 and. The Cronbach's alpha for the final 3-item scale was .71.

#### Counselor perception of mediators

Mean levels of counselor perceptions of the five mediators of camper self-esteem, sense of community, disclosure, avoidance, and social support were compared using repeated-measures analysis of variance. There were significant mean differences across constructs as shown by the Wilks' Lambda value of 0.137 with  $F = 59.84$  and  $p < 0.001$ . Means for each construct along with the 95% confidence intervals are displayed in Appendix F. As indicated, counselors perceived sense of community as significantly higher than other mediators. Social support was also significantly higher than camper self-esteem, avoidant coping, and disclosure. Levels of camper disclosure and self-esteem did not differ significantly, but both were higher than levels of avoidant coping. In general, counselors perceived the Camp Kesem atmosphere

(i.e., sense of community and social support) on average higher than levels of camper adjustment (self-esteem and disclosure). Avoidant coping was less common than disclosure.

#### Relations Among Constructs

Correlations among the five constructs are presented in Appendix G. As shown, sense of community and social support were strongly positively correlated ( $r = .64, p < .001$ ). In addition, social support and camper self-esteem was moderately positively correlated ( $r = .34, p = .03$ ). All other correlations were non-significant.

To examine how structural aspects of Camp Kesem predicted potential student outcomes, a series of three regressions were performed, with sense of community and social support as independent variables, and camper self-esteem, avoidance, and disclosure as dependent variables. These are presented in Appendix G. As shown, camper self-esteem was positively predicted by social support. No other relations were significant.

#### Qualitative Answers

The three qualitative questions are labeled as items 1 to 3 at the end of Appendix A. Of the responses to the first question, a large majority contained the words community or support or both. 15 out of 36 responses contained the word ‘community’ and 11 contained the word ‘support’. Another theme among answers was the empowerment ceremony or the campers having an opportunity to share their experiences with others. 8 answers discussed empowerment or the ability to share as the most impactful part of Camp Kesem.

The second question contained 3 major themes among its responses. When asked what aspects of the Camp Kesem programming make it successful, people tended to respond with an answer relating to how organized camp and the organization is, the student leadership, or the actual activities done at camp. 5 out of 35 answers discussed the activities at camp, 6 out of 35

answers mentioned early planning and great organization, and 10 out of 35 answers mentioned the student directors, coordinators, and counselors.

The third question could also be broken down into 3 main themes. When asked about their favorite part of camp Kesem UT Austin, people usually responded with either the people in the organization, being able to build connections with campers, or seeing campers grow throughout the week of camp. 14 of 34 responses discussed the people in the organization, 6 of 34 responses discussed the connections with campers, and 5 out of 34 responses discussed being able to watch campers grow throughout the week of camp.

## **VII. Discussion and Conclusion**

This research and survey were undertaken in order to show if Camp Kesem is likely to increase the four mediators of self-esteem, coping skills, social support, and sense of community. These four mediators were identified in previous research as possibly having numerous benefits that can help individuals and adolescents handle stressful events with minimal mental health impact. A review of previous intervention programs that had goals of increasing these mediators and seemed successful at increasing these mediators was done. This review revealed that Camp Kesem theoretically contains elements of interventions that are likely to increase the four mediators. COVID-19 affected the ability to distribute and collect surveys to two of the three planned populations of interest and severely limited the scope of this analysis. The results of the counselor survey showed that counselors were uniformly positive toward Camp Kesem, with means for the mediators of sense of community and social support averaging 6.63 and 6.25 respectively on a 7-point scale. In addition, counselors reported that campers had a relatively high self-esteem as well as being decently comfortable disclosing information. Given these

results without the other populations to validate the data, the counselors survey on its own is not enough to say that Camp Kesem is likely to increase all four mediators. However, given sense of community had the most items and the highest average, this analysis does show that Camp Kesem should be considered as an intervention program that is likely to increase sense of community in its counselors and campers.

A strength of this study is that all the questionnaire measures had been used in prior research. The measures also showed an acceptable internal consistency reliability in this sample of counselors. In addition, this assessment package used a combination of quantitative and qualitative items to provide a broader insight into the impacts of Camp Kesem. Originally, the study would have sent the survey to the counselors, the parents and the campers aged 13-18 of Camp Kesem UT Austin. Due to the timing of the coronavirus and this study, only the counselors were able to be sent the survey. The lack of cross-informant assessment and direct assessment of campers hindered by the COVID-19 crisis is a major weakness of this study. Another weakness made more apparent with the limited populations is the limited number of items for each mediator. A limited number of items was chosen for each mediator as a long-time consuming assessment was seen as limiting to participation.

For future research assessments that only test for one or two constructs at a time should be used. This method would allow for more items to be used for each category but not sacrificing the brevity of the assessment. Another course of action is to execute the multi-informant study as this thesis could not. A multi-informant study could reveal information about the reliability of the answers of the counselors and parents which cannot be shown to be accurate without the direct assessment of the campers.



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## **Biography**

Juliana R. Iverson was born in Austin, Texas on March 12<sup>th</sup>, 1997. She is graduating with a B.S. in Biomedical Engineering and a B.A. Plan II Honors program from The University of Texas at Austin. As a student, she volunteered with Camp Kesem UT Austin for five years and served as the director for two years. Her time in Camp Kesem is some of the most precious memories she created and some of the most meaningful weeks of her life so far. She enjoys camping, being around dogs, and watching movies. She plans to get a job in the biomedical engineering industry after graduation.

## **Appendix A: Counselor Survey**

Each of the following 24 items were asked in a 7-point scale with the options being:

Strongly Disagree, Disagree, Somewhat Disagree, Neither Agree nor Disagree, Somewhat Agree, Agree, and Strongly Agree

1. Campers have the opportunity to become leaders in their unit.
2. Campers usually volunteer to help fellow campers who need it.
3. Campers feel they have a lot of good qualities.
4. Campers have a positive attitude about themselves.
5. Campers feel that they have a lot to be proud of.
6. Campers told me how they felt about their parent's diagnosis
7. Campers seemed to ignore their feelings about their parent's diagnosis.
8. Campers tried to avoid their feelings about their parent's cancer diagnosis.
9. Campers initiated conversations with other campers about their parent's cancer diagnosis  
in informal situations.
10. I think Camp Kesem is a good community.
11. I do not plan to leave until I graduate.
12. For me, Camp Kesem is a good fit.
13. Campers and counselors can depend on each other in Camp Kesem.
14. Campers and counselors can get help from other campers and counselors if they need it.
15. Campers feel secure in sharing opinions and asking for advice.
16. Counselors feel secure in sharing opinions and asking for advice.
17. Camp Kesem is important to me.
18. I have friends in Camp Kesem.



19. I feel good helping Camp Kesem and the campers and the counselors.
20. Campers seemed to feel better when they told you their problems.
21. Campers felt you understood the things that bothered them.
22. Campers felt you wanted to understand the things that bothered them.
23. You knew why campers felt the way they did about their problems.
24. You were interested in what happened about their problems.

The second section of the survey was 3 free response questions:

1. What do you believe is the most impactful part of Camp Kesem?
2. What aspects of the Camp Kesem programming make it successful?
3. What is your favorite part of Camp Kesem UT Austin?

## Appendix B: Self-esteem Statistics

Statistics with every item included:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.734	.730	5

Item Statistics			
	Mean	Std. Deviation	N
Campers have the opportunity to become leaders in their unit	6.33	.928	42
Campers usually volunteer to help fellow campers who need it	6.17	.986	42
Campers feel they have a lot of good qualities	5.67	1.004	42
Campers have a positive attitude about themselves	5.38	.987	42
Campers feel that they have a lot to be proud of	5.29	1.111	42

Inter Item Correlation Matrix					
	Campers have the opportunity to become leaders in their unit	Campers usually volunteer to help fellow campers who need it	Campers feel they have a lot of good qualities	Campers have a positive attitude about themselves	Campers feel that they have a lot to be proud of
Campers have the opportunity to become leaders in their unit	1.000	.444	.122	.124	.213
Campers usually volunteer to help fellow campers who need it	.444	1.000	.378	.184	.201
Campers feel they have a lot of good qualities	.122	.378	1.000	.624	.525
Campers have a positive attitude about themselves	.124	.184	.624	1.000	.700
Campers feel that they have a lot to be proud of	.213	.201	.525	.700	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Campers have the opportunity to become leaders in their unit	22.50	9.671	.296	.230	.756
Campers usually volunteer to help fellow campers who need it	22.67	8.911	.401	.313	.723
Campers feel they have a lot of good qualities	23.17	7.850	.601	.479	.647
Campers have a positive attitude about themselves	23.45	7.912	.604	.584	.647
Campers feel that they have a lot to be proud of	23.55	7.425	.592	.517	.648

Statistics with item 1 excluded:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.756	.755	4

Item Statistics			
	Mean	Std. Deviation	N
Campers usually volunteer to help fellow campers who need it	6.17	.986	42
Campers feel they have a lot of good qualities	5.67	1.004	42
Campers have a positive attitude about themselves	5.38	.987	42
Campers feel that they have a lot to be proud of	5.29	1.111	42

Inter Item Correlation Matrix				
	Campers usually volunteer to help fellow campers who need it	Campers feel they have a lot of good qualities	Campers have a positive attitude about themselves	Campers feel that they have a lot to be proud of
Campers usually volunteer to help fellow campers who need it	1.000	.378	.184	.201
Campers feel they have a lot of good qualities	.378	1.000	.624	.525
Campers have a positive attitude about themselves	.184	.624	1.000	.700
Campers feel that they have a lot to be proud of	.201	.525	.700	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Campers usually volunteer to help fellow campers who need it	16.33	7.154	.293	.149	.826
Campers feel they have a lot of good qualities	16.83	5.508	.669	.470	.634
Campers have a positive attitude about themselves	17.12	5.571	.671	.584	.635
Campers feel that they have a lot to be proud of	17.21	5.294	.615	.504	.663

Statistics with items 1 and 2 deleted:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.826	.828	3

Item Statistics			
	Mean	Std. Deviation	N
Campers feel they have a lot of good qualities	5.67	1.004	42
Campers have a positive attitude about themselves	5.38	.987	42
Campers feel that they have a lot to be proud of	5.29	1.111	42

Inter Item Correlation Matrix				
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	Campers feel they have a lot of good qualities	Campers have a positive attitude about themselves	Campers feel that they have a lot to be proud of
Campers feel they have a lot of good qualities	1.000	.624	.525
Campers have a positive attitude about themselves	.624	1.000	.700
Campers feel that they have a lot to be proud of	.525	.700	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Campers feel they have a lot of good qualities	10.67	3.740	.620	.404	.820
Campers have a positive attitude about themselves	10.95	3.412	.760	.580	.686
Campers feel that they have a lot to be proud of	11.05	3.217	.679	.502	.768

## Appendix C: Coping Skills Statistics

Statistics with every item included:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.641	.639	4

Item Statistics			
	Mean	Std. Deviation	N
Campers told me how they felt about their parent's diagnosis	5.76	1.246	42
Campers seemed to ignore their feelings about their parent's diagnosis	3.50	1.348	42
Campers tried to avoid their feelings about their parent's cancer diagnosis	3.74	1.499	42
Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations	4.43	1.741	42

Inter Item Correlation Matrix				
	Campers told me how they felt about their parent's diagnosis	Campers seemed to ignore their feelings about their parent's diagnosis	Campers tried to avoid their feelings about their parent's cancer diagnosis	Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations
Campers told me how they felt about their parent's diagnosis	1.000	-.058	.149	.577
Campers seemed to ignore their feelings about their parent's diagnosis	-.058	1.000	.742	.218
Campers tried to avoid their feelings about their parent's cancer diagnosis	.149	.742	1.000	.212
Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations	.577	.218	.212	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Campers told me how they felt about their parent's diagnosis	11.67	12.228	.328	.426	.630
Campers seemed to ignore their feelings about their parent's diagnosis	13.93	10.995	.428	.617	.568
Campers tried to avoid their feelings about their parent's cancer diagnosis	13.69	9.731	.499	.595	.513
Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations	13.00	8.976	.444	.406	.562

Statistics with every item included but the results of items 7 and 8 are reversed:

Reliability Statistics
------------------------

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.344	.380	4

Item Statistics			
	Mean	Std. Deviation	N
Reversed: Campers seemed to ignore their feelings about their parent's diagnosis	4.5000	1.34799	42
Reversed: Campers tried to avoid their feelings about their parent's cancer diagnosis	4.2619	1.49893	42
Campers told me how they felt about their parent's diagnosis	5.7619	1.24567	42
Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations	4.4286	1.74108	42

Inter Item Correlation Matrix				
	Reversed: Campers seemed to ignore their feelings about their parent's diagnosis	Reversed: Campers seemed to ignore their feelings about their parent's diagnosis	Campers told me how they felt about their parent's diagnosis	Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations
Reversed: Campers seemed to ignore their feelings about their parent's diagnosis	1.000	.742	.058	-.218
Reversed: Campers tried to avoid their feelings about their parent's cancer diagnosis	.742	1.000	-.149	-.212
Campers told me how they felt about their parent's diagnosis	.058	-.149	1.000	.577
Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations	-.218	-.212	.577	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Reversed: Campers seemed to ignore their feelings about their parent's diagnosis	14.4524	7.668	.291	.617	.164
Reversed: Campers tried to avoid their feelings about their parent's cancer diagnosis	14.6905	8.073	.157	.595	.311
Campers told me how they felt about their parent's diagnosis	13.1905	7.963	.305	.426	.163
Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations	14.5238	8.256	.037	.406	.480

Statistics with items 6 and 9 only:

Reliability Statistics
------------------------

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.706	.732	2

Item Statistics			
	Mean	Std. Deviation	N
Campers told me how they felt about their parent's diagnosis	5.76	1.246	42
Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations	4.43	1.741	42

Inter Item Correlation Matrix		
	Campers told me how they felt about their parent's diagnosis	Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations
Campers told me how they felt about their parent's diagnosis	1.000	.577
Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations	.577	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Campers told me how they felt about their parent's diagnosis	4.43	3.031	.577	.333	.
Campers initiated conversations with other campers about their parent's cancer diagnosis in informal situations	5.76	1.552	.577	.333	.

Statistics with items 7 and 8 only:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.849	.852	2

Item Statistics			
	Mean	Std. Deviation	N
Campers seemed to ignore their feelings about their parent's diagnosis	3.50	1.348	42
Campers tried to avoid their feelings about their parent's cancer diagnosis	3.74	1.499	42

Inter Item Correlation Matrix		
	Campers seemed to ignore their feelings about their parent's diagnosis	Campers tried to avoid their feelings about their parent's cancer diagnosis
Campers seemed to ignore their feelings about their parent's diagnosis	1.000	.742

Campers tried to avoid their feelings about their parent's cancer diagnosis	.742	1.000
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Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Campers seemed to ignore their feelings about their parent's diagnosis	3.74	2.247	.742	.551	.
Campers tried to avoid their feelings about their parent's cancer diagnosis	3.50	1.817	.742	.551	.



## Appendix D: Sense of Community Statistics

Statistics with every item included:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.891	.919	10

Item Statistics			
	Mean	Std. Deviation	N
I think Camp Kesem is a good community	6.83	.667	41
I do not plan to leave Camp Kesem until I graduate	6.66	1.015	41
For me, Camp Kesem is a good fit	6.63	.767	41
Campers and counselors can depend on each other in Camp Kesem	6.83	.442	41
Campers and counselors can get help from other campers and counselors if they need it	6.80	.401	41
Campers feel secure in sharing opinions and asking for advice	6.37	.915	41
Counselors feel secure in sharing opinions and asking for advice	6.20	.928	41
Camp Kesem is important to me	6.78	.475	41
I have friends in Camp Kesem	6.56	.923	41
I feel good helping Camp Kesem and the campers and counselors	6.83	.442	41

Inter Item Correlation Matrix										
	I think Camp Kesem is a good community	I do not plan to leave Camp Kesem until I graduate	For me, Camp Kesem is a good fit	Campers and counselors can depend on each other in Camp Kesem	Campers and counselors can get help from other campers and counselors if they need it	Campers feel secure in sharing opinions and asking for advice	Counselors feel secure in sharing opinions and asking for advice	Camp Kesem is important to me	I have friends in Camp Kesem	I feel good helping Camp Kesem and the campers and counselors
I think Camp Kesem is a good community	1.000	.133	.559	.238	.153	.310	.136	.194	.728	.238
I do not plan to leave Camp Kesem until I graduate	.133	1.000	.606	.703	.508	.461	.338	.670	.423	.703
For me, Camp Kesem is a good fit	.559	.606	1.000	.623	.412	.623	.314	.666	.756	.549
Campers and	.238	.703	.623	1.000	.795	.653	.571	.889	.486	.872

counselors can depend on each other in Camp Kesem										
Campers and counselors can get help from other campers and counselors if they need it	.153	.508	.412	.795	1.000	.472	.709	.688	.370	.654
Campers feel secure in sharing opinions and asking for advice	.310	.461	.623	.653	.472	1.000	.473	.592	.431	.653
Counselors feel secure in sharing opinions and asking for advice	.136	.338	.314	.571	.709	.473	1.000	.610	.394	.571
Camp Kesem is important to me	.194	.670	.666	.889	.688	.592	.610	1.000	.630	.889
I have friends in Camp Kesem	.728	.423	.756	.486	.370	.431	.394	.630	1.000	.486
I feel good helping Camp Kesem and the campers and counselors	.238	.703	.549	.872	.654	.653	.571	.889	.486	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
I think Camp Kesem is a good community	59.66	24.030	.410	.848	.893
I do not plan to leave Camp Kesem until I graduate	59.83	20.395	.625	.704	.884

For me, Camp Kesem is a good fit	59.85	21.128	.772	.814	.869
Campers and counselors can depend on each other in Camp Kesem	59.66	23.380	.838	.924	.875
Campers and counselors can get help from other campers and counselors if they need it	59.68	24.322	.675	.764	.883
Campers feel secure in sharing opinions and asking for advice	60.12	20.760	.666	.645	.878
Counselors feel secure in sharing opinions and asking for advice	60.29	21.562	.549	.623	.889
Camp Kesem is important to me	59.71	23.062	.848	.961	.873
I have friends in Camp Kesem	59.93	20.520	.692	.892	.876
I feel good helping Camp Kesem and the campers and counselors	59.66	23.480	.813	.913	.876

Statistics with item 10 excluded:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.896	.924	9

Item Statistics			
	Mean	Std. Deviation	N
I do not plan to leave Camp Kesem until I graduate	6.64	1.008	42
For me, Camp Kesem is a good fit	6.62	.764	42
Campers and counselors can depend on each other in Camp Kesem	6.76	.617	42
Campers and counselors can get help from other campers and counselors if they need it	6.79	.415	42
Campers feel secure in sharing opinions and asking for advice	6.33	.928	42
Counselors feel secure in sharing opinions and asking for advice	6.19	.917	42
Camp Kesem is important to me	6.76	.484	42
I have friends in Camp Kesem	6.55	.916	42
I feel good helping Camp Kesem and the campers and counselors	6.81	.455	42

Inter Item Correlation Matrix								
	I do not plan to leave Camp Kesem until I graduate	For me, Camp Kesem is a good fit	Campers and counselors can depend on each other in Camp Kesem	Campers and counselors can get help from other campers and counselors if they need it	Campers feel secure in sharing opinions and asking for advice	Counselors feel secure in sharing opinions and asking for advice	Camp Kesem is important to me	I have friends in Camp Kesem
I do not plan to leave Camp Kesem until I graduate	1.000	.611	.566	.512	.469	.339	.671	.428

For me, Camp Kesem is a good fit	.611	1.000	.527	.429	.631	.315	.672	.759
Campers and counselors can depend on each other in Camp Kesem	.566	.527	1.000	.748	.610	.427	.785	.409
Campers and counselors can get help from other campers and counselors if they need it	.512	.429	.748	1.000	.506	.686	.710	.380
Campers feel secure in sharing opinions and asking for advice	.469	.631	.610	.506	1.000	.468	.615	.440
Counselors feel secure in sharing opinions and asking for advice	.339	.315	.427	.686	.468	1.000	.599	.395
Camp Kesem is important to me	.671	.672	.785	.710	.615	.599	1.000	.631
I have friends in Camp Kesem	.428	.759	.409	.380	.440	.395	.631	1.000
I feel good helping Camp Kesem and the campers and counselors	.700	.559	.790	.683	.674	.557	.897	.491

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted

I do not plan to leave Camp Kesem until I graduate	52.81	18.548	.653	.599	.889
For me, Camp Kesem is a good fit	52.83	19.654	.737	.777	.878
Campers and counselors can depend on each other in Camp Kesem	52.69	20.707	.737	.769	.880
Campers and counselors can get help from other campers and counselors if they need it	52.67	22.228	.722	.734	.888
Campers feel secure in sharing opinions and asking for advice	53.12	18.839	.686	.633	.884
Counselors feel secure in sharing opinions and asking for advice	53.26	19.857	.555	.618	.896
Camp Kesem is important to me	52.69	21.048	.888	.887	.877
I have friends in Camp Kesem	52.90	19.405	.618	.653	.890
I feel good helping Camp Kesem and the campers and counselors	52.64	21.455	.847	.875	.880

## Appendix E: Social Support Statistics

Statistics with every item included:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.669	.694	5

Item Statistics			
	Mean	Std. Deviation	N
Campers felt you understood the things that bothered them	6.07	.787	41
Campers felt you wanted to understand the things that bothered them	6.44	.743	41
You knew why campers felt the way they did about their problems	5.54	1.120	41
You were interested in what happened about their problems	6.61	.737	41
Campers seemed to feel better when they told you their problems	6.34	.794	41

Inter Item Correlation Matrix					
	Campers seemed to feel better when they told you their problems	Campers felt you understood the things that bothered them	Campers felt you wanted to understand the things that bothered them	You knew why campers felt the way they did about their problems	You were interested in what happened about their problems
Campers seemed to feel better when they told you their problems	1.000	.559	.544	.210	.233
Campers felt you understood the things that bothered them	.559	1.000	.243	.380	.266
Campers felt you wanted to understand the things that bothered them	.544	.243	1.000	.160	.412
You knew why campers felt the way they did about their problems	.210	.380	.160	1.000	.108
You were interested in what happened about their problems	.233	.266	.412	.108	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Campers seemed to feel better when they told you their problems	24.66	5.130	.553	.497	.561
Campers felt you understood the things that bothered them	24.93	5.170	.548	.419	.564
Campers felt you wanted to understand the things that bothered them	24.56	5.552	.470	.403	.601
You knew why campers felt the way they did about their problems	25.46	5.005	.297	.152	.708

You were interested in what happened about their problems	24.39	5.994	.336	.208	.653
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Statistics with item 23 excluded:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.708	.707	4

Item Statistics			
	Mean	Std. Deviation	N
Campers seemed to feel better when they told you their problems	6.34	.794	41
Campers felt you understood the things that bothered them	6.07	.787	41
Campers felt you wanted to understand the things that bothered them	6.44	.743	41
You were interested in what happened about their problems	6.61	.737	41

Inter Item Correlation Matrix				
	Campers seemed to feel better when they told you their problems	Campers felt you understood the things that bothered them	Campers felt you wanted to understand the things that bothered them	You were interested in what happened about their problems
Campers seemed to feel better when they told you their problems	1.000	.559	.544	.233
Campers felt you understood the things that bothered them	.559	1.000	.243	.266
Campers felt you wanted to understand the things that bothered them	.544	.243	1.000	.412
You were interested in what happened about their problems	.233	.266	.412	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Campers seemed to feel better when they told you their problems	19.12	2.760	.612	.495	.567
Campers felt you understood the things that bothered them	19.39	3.094	.466	.349	.663
Campers felt you wanted to understand the things that bothered them	19.02	3.074	.529	.398	.625
You were interested in what happened about their problems	18.85	3.428	.378	.207	.711

Statistics with items 23 and 24 deleted:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.711	.710	3

Item Statistics			
	Mean	Std. Deviation	N

Campers seemed to feel better when they told you their problems	6.34	.794	41
Campers felt you understood the things that bothered them	6.07	.787	41
Campers felt you wanted to understand the things that bothered them	6.44	.743	41

Inter Item Correlation Matrix			
	Campers seemed to feel better when they told you their problems	Campers felt you understood the things that bothered them	Campers felt you wanted to understand the things that bothered them
Campers seemed to feel better when they told you their problems	1.000	.559	.544
Campers felt you understood the things that bothered them	.559	1.000	.243
Campers felt you wanted to understand the things that bothered them	.544	.243	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Campers seemed to feel better when they told you their problems	12.51	1.456	.700	.490	.390
Campers felt you understood the things that bothered them	12.78	1.826	.462	.318	.704
Campers felt you wanted to understand the things that bothered them	12.41	1.949	.447	.302	.717

Statistics with items 22, 23 and 24 deleted:

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.717	.717	2

Item Statistics			
	Mean	Std. Deviation	N
Campers felt you understood the things that bothered them	6.07	.787	41
Campers seemed to feel better when they told you their problems	6.34	.794	41

Inter Item Correlation Matrix		
	Campers seemed to feel better when they told you their problems	Campers felt you understood the things that bothered them
Campers seemed to feel better when they told you their problems	1.000	.559
Campers felt you understood the things that bothered them	.559	1.000

Item Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted



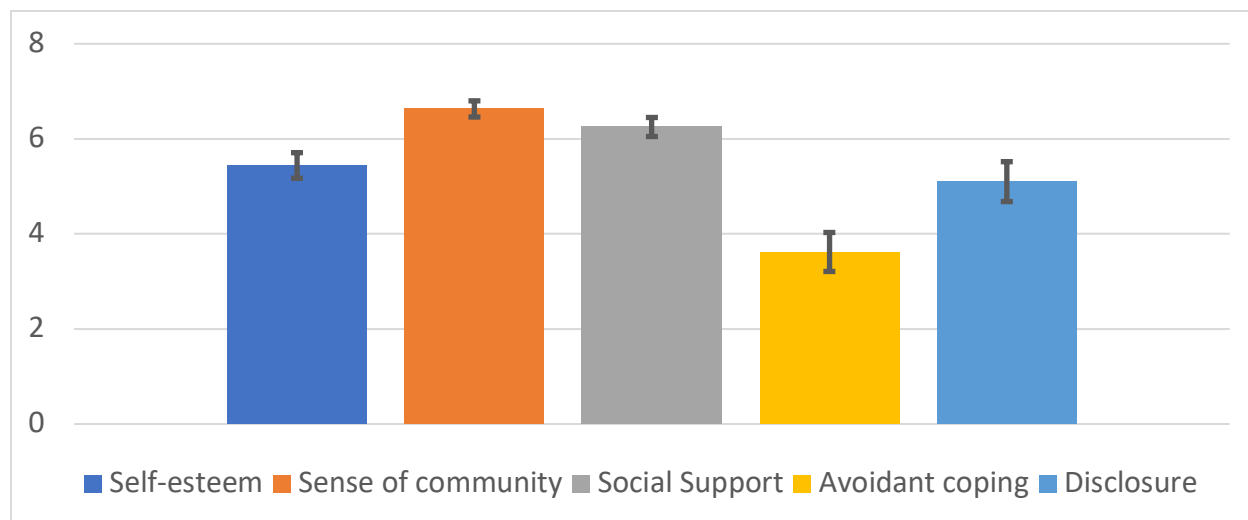
Campers seemed to feel better when they told you their problems	6.07	.620	.559	.313	.
Campers felt you understood the things that bothered them	6.34	.630	.559	.313	.

## Appendix F: Comparing Mean Levels across Constructs Statistics

Within-Subjects Factors	
factor1	Dependent Variable
1	camperselfesteem
2	community
3	support
4	disclosure
5	avoidance

Descriptive Statistics			
	Mean	Std. Deviation	N
camperselfesteem	5.4444	.89159	42
community	6.6254	.53657	42
support	6.2540	.64101	42
disclosure	5.0952	1.33086	42
avoidance	3.6190	1.32890	42

Multivariate Tests							
Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
factor1	Pillai's Trace	.863	59.841 <sup>b</sup>	4.000	38.000	.000	.863
	Wilks' Lambda	.137	59.841 <sup>b</sup>	4.000	38.000	.000	.863
	Hotelling's Trace	6.299	59.841 <sup>b</sup>	4.000	38.000	.000	.863
	Roy's Largest Root	6.299	59.841 <sup>b</sup>	4.000	38.000	.000	.863



## Appendix G: Relations Among Constructs

Variables Entered/Removed <sup>a</sup>			
Model	Variables Entered	Variables Removed	Method
1	support, community <sup>b</sup>	.	Enter
a. Dependent Variable: camperselfesteem			
b. All requested variables entered.			

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.357 <sup>a</sup>	.127	.083	.85400
a. Predictors: (Constant), support, community				

Anova <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4.149	2	2.075	2.845	0.07 <sup>b</sup>
	Residual	28.443	39	.729		
	Total	32.593	41			
a. Dependent Variable: camperselfesteem						
b. Predictors: (Constant), support, community						

Coefficients <sup>a</sup>								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	3.306	1.683		1.964	.057	-.098	6.711
	community	-.246	.324	-.148	-.759	.452	-.900	.409
	support	.602	.271	.433	2.223	.032	.054	1.150
a. Dependent Variable: selfesteem								

Variables Entered/Removed <sup>a</sup>			
Model	Variables Entered	Variables Removed	Method
1	support, community <sup>b</sup>	.	Enter
a. Dependent Variable: disclosure			
b. All requested variables entered.			

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.231 <sup>a</sup>	.053	.005	1.32758
a. Predictors: (Constant), support, community				

Anova <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.882	2	1.941	1.101	.343 <sup>b</sup>
	Residual	68.737	39	1.762		
	Total	72.619	41			
a. Dependent Variable: disclosure						
b. Predictors: (Constant), support, community						

Coefficients <sup>a</sup>								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	1.391	2.616		.532	.598	-3.901	6.683
	community	.283	.503	.114	.562	.577	-.735	1.300
	support	.293	.421	.141	.695	.491	-.559	1.144
a. Dependent Variable: disclosure								

Variables Entered/Removed <sup>a</sup>			
Model	Variables Entered	Variables Removed	Method
1	support, community <sup>b</sup>	.	Enter
a. Dependent Variable: avoidance			
b. All requested variables entered.			

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.118 <sup>a</sup>	.014	-.037	1.35298
a. Predictors: (Constant), support, community				

Anova <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.013	2	.506	.277	.760 <sup>b</sup>
	Residual	71.392	39	1.831		
	Total	72.405	41			
a. Dependent Variable: avoidance						
b. Predictors: (Constant), support, community						

Coefficients <sup>a</sup>								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	2.347	2.666		.880	.384	-3.046	7.741
	community	.381	.513	.154	.744	.461	-.656	1.418
	support	-.201	.429	-.097	-.467	.643	-1.069	.667
a. Dependent Variable: avoidance								